

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. 37845
Registered No. 344
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 728 N. Main St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mayme Hilliard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8-1883

7. AGE YEARS 53 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tramcar Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tramcar Co.

10. Date deceased last worked at this occupation (month and year) Oct 1937 Total time (years) spent in this occupation 105

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

13. NAME Silas Hilliard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edward Kan.

15. MAIDEN NAME Martha Little

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edward Kan.

17. INFORMANT Mrs Mayme Hilliard (ADDRESS) 728 N. Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE OCT 28 1937

19. UNDERTAKER Ott & Hutchins (ADDRESS) Independence Mo.

20. FILED 10-29-37 F. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1937, to Oct 26 1937

I last saw him alive on Oct 20 1937. Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset Oct 19/1937

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1937

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Russell E. Johnson M. D.

(Address) Independence Mo.

